

PART B - FEE(S) TRANSMITTAL

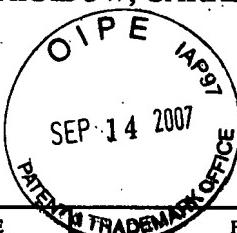
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22852 7590 06/18/2007

FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER
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 901 NEW YORK AVENUE, NW
 WASHINGTON, DC 20001-4413



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/669,217	09/23/2003	Robert W. Esmond	4012.0373-02000	2163

TITLE OF INVENTION: METHOD FOR TREATING OR PREVENTING ALZHEIMER'S DISEASE
 09/17/2007 AWONDAF2 00000040 060916 10669217
 01 FC:1501 1400.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	\$1400	09/18/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS			Adjustment date: 09/17/2007 AWONDAF2 05/11/2006 CCHAU2 00000006 060916 10669217	
SAMALA, JAGADISHWAR RAO	1618	514-188000		01 FC:1501	1400.00 CR	

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- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Finnegan, Henderson,
 2 Farabow, Garrett &
 3 Dunner, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Robert W. Esmond
 Jack R. Wands
 Suzanne De La Monté

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vienna, Virginia
 Waban, Massachusetts
 East Greenwich, Rhode Island

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Lauren L. Stevens

Date 8/13/07

Typed or printed name Lauren L. Stevens

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